

# Title IV, Part A – Safe and Drug-Free Schools and Communities

Application – SY 2007-2008

SDFS Website: <http://www.doe.state.in.us/sdfsc/welcome.html>

Corp Number _____ ( ) _____ Phone Number	Corp Name _____ ( ) _____ Fax Number	Application Contact Person _____ Application Contact Person Email _____
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## Transferability

- ☐ Please check if there are no plans to transfer funds to or from Title IV, Part A at this time.  
(Please skip to Section II – and complete budget page)

**Section I – Transferability**-If you plan to transfer funds to or from Title IV, Part A – Please complete Section I

### Transferring from Title IV, Part A

Indicate the designated program and amount of Title IV, Part A funds your school corporation is transferring from your Title IV, Part A allocation.

Original Title IV, Part A Allocation	\$
<b>Transferring up to 50%* from Title IV, Part A to:</b>	
• Title I, Part A - Improving Basic Programs Operated by Local Educational Agencies	\$
• Title II, Part A - Teacher and Principal Training and Recruiting Fund (2113(a)(3))	\$
• Title II, Part D - Enhancing Education Through Technology (2412(a)(2)(A))	\$
• Title V, Part A- Innovative Programs (5112(a))	\$
<b>Total Amount Transferred from Title IV, Part A</b>	\$
<b>New Allocation Amount for Title IV, Part A</b>	\$ **

### Transferring to Title IV, Part A

Indicate the program and amount (up to 50%\* of the formula amount for that program) your corporation is transferring to Title IV, Part A.

• Title II, Part A - Teacher and Principal Training and Recruiting Fund (2113(a)(3))	\$
• Title II, Part D - Enhancing Education Through Technology (2412(a)(2)(A))	\$
• Title V, Part A- Innovative Programs (5112(a))	\$
<b>Total funds transferred to Title IV, Part A</b>	\$
<b>Plus Original Title IV, Part A Allocation</b>	\$
<b>New Total Amount Available for Title IV, Part A</b>	\$ **
<b>(FOR OFFICE USE ONLY) TO BE COMPLETED BY THE INDIANA DEPARTMENT OF EDUCATION</b>	
Program Approved By _____ Date _____	Submit the original to Cindy Hunt, Center for School Improvement and Performance - Indiana Department of Education Room 229, State House Indianapolis, IN 46204-2798 <a href="http://www.doe.state.in.us/sdfsc/welcome.html">http://www.doe.state.in.us/sdfsc/welcome.html</a>
Fiscal Approved By _____ Date _____	
Project Number _____ Amount _____	
Date Received _____	

**\*School corporations identified for improvement may transfer no more than 30% of the formula amount for each title program and school corporations identified as in corrective action may not transfer funds.**

**\*\* This figure should be reflected in Section III- the budget page**

## Section II – Nonpublic School Participation

Please list the nonpublic schools that have been contacted and will be participating in the Safe and Drug-Free Schools and Communities program and those that have been contacted and will not participate (Attach additional pages to the application if the list of nonpublic schools does not fit in the space provided).

☐ Please check here if there are no nonpublic schools within your school corporation boundaries (proceed to page 3)

[illegible]

### Section III – Budget Form

Title IV, Part A Program Categories*	Briefly describe the activities and programs to be funded under each Program Category	Amount Budgeted
1. School-Based Prevention Programs/Instruction		
2. Student Assistance Programs		
3. Professional Development		
4. Parent/Family Programs		
5. Community Programs		
6. Drug Testing/Locker Inspection (for drugs and/or weapons)		
7. School Security Plan Development/Security Equipment (Cannot exceed 20% cap)		
8. Hiring/Training Security Personnel (7 & 8 cannot exceed 40% cap)		
9. School Safety Activities		
10. Alternative Education Programs		
11. Evaluation		
<b>Nonpublic Schools</b> (Describe programs/activities in which nonpublic schools will be participating)		
Maximum 2% Administration		
Restricted Indirect		
<b>GRAND TOTAL</b>		

\* See *Application Guidance* for detailed information about the Title IV, Part A – Program Categories

**Section IV-2006 Performance Measures Report:**

In the table below insert the performance indicators from the SDFS Comprehensive Plan, Year 3 (SY 2006-2007), Column 2 and report the changes that have occurred since the application was completed last year (PL 107-110 Section 4116 [b]).

Performance Indicator	Met or Exceeded SY 06-07 Performance Target	Data Results-indicate actual data results
<i>Example:</i> The percentage of 10 <sup>th</sup> grade students who report using alcohol in the past 30 days will decrease by 2% from 29% to 27%.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26.5%
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section V – Safe and Drug-Free Schools Coordinator Information

Please fill in the information below:

Safe and Drug-Free Schools Coordinator: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Printed Name

### **Application Check-list**

Please double check the following items, assuring that they have been completed accurately. This will significantly reduce processing delays.

A list of the nonpublic schools within your school corporation's boundaries is provided in the application packet. It's your responsibility to:

- 1) Verify the nonpublic school's eligibility by confirming that it is a nonprofit school serving children in grades K – 12. Nonpublic schools which are for profit or preschool only are not eligible to participate in this grant;
- 2) Consult with each eligible nonpublic school on the list. If an eligible nonpublic school on the list is not actually located within your school corporation's boundaries, please contact the Indiana Department of Education so that this error can be corrected. **HOWEVER**, you will still be required to consult with that school for the current year's grant application, because its data has been used when calculating your school corporation's allocation.

\_\_\_\_\_ All Non-Public Schools from IDOE list provided are accounted for in Section II  
(This includes any schools that are no longer operational. Please list those schools in the appropriate area provide in Section II, if applicable.)

\_\_\_\_\_ The SDFS Comprehensive Plan **Year 4** has been completed and included with the SY07-08 SDFS application.

\_\_\_\_\_ Expenditures listed in the budget (Section III on application) matches activities, programs and strategies found on Column III of the SDFS Comprehensive Plan for Year 4.

\_\_\_\_\_ Section IV (page 4) of this application reports on all performance measures designated in Column II of the SDFS Comprehensive Plan for Year 3.